



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800001

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HOLY TRINITY HOME ASSOC. INC.

DOING BUSINESS AS

ADDRESS 26 BALDWIN STREET

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: MURPHY, DANIEL J. TYPE OF LICENSE: Club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG CONSISTING OF MEETING HALL, LOUNGE AREA, STORE ROOM,
OFFICE, LAVATORIES AND KITCHEN TOGETHER WITH A FINISHED BASEMENT
CONSISTING OF AN OFFICE, BAR AND LAVATORIES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800004

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GUNTHER-ROWLEY POST #293 THE AMERICAN LEGION, INC.

DOING BUSINESS AS

ADDRESS 3 LEGION COURT

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: TIDLUND, BRIAN TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY HOUSE, WOOD FRAME. CELLAR, FIRST FLOOR WITH KITCHEN

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800007

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GMRC, INC.

DOING BUSINESS AS THE MEADOWS

ADDRESS 621 NO. MAIN ST.

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: COELHO, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
MANUEL R.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; KITCHEN, STORAGE, BANQUET ROOM AND SEPARATE TOILET FACILITIES;
BASEMENT FOR STORAGE, UTILITIES, BURNER ETC.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800008

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PASQUALE'S ASSOCIATES, LLC

DOING BUSINESS AS PASQUALE'S RISTORANTE

ADDRESS 642-44 NO. MAIN ST.

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: TORCIA,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG; FIRST FLOOR, DINING ROOM, BAR ROOM, KITCHEN, OFFICE, TWO
TOILETS; CELLAR FOR STORAGE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800009

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOWL NEW ENGLAND INC

DOING BUSINESS AS SHAKER BOWL LOUNGE

ADDRESS 168 SHAKER RD

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: Godfrey, Justin

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM 1,000SQFT WITH COMFRT FACILITIES FOR MEN & WOMEN, 15'X150' AREA
CONTIGUOUS TO THE REAR OF THE BLOWING LANES, STORAGE SPACE APPROX 100
SQFT. TWO ENTRANCES EXITS, NO BASEMENT, AS SHOWN.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800010

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KAYANT INCORPORATED

DOING BUSINESS AS THE PIZZA SHOPPE

ADDRESS 134 SHAKER RD.

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: GIUGGIO, ANTHONY TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
NY R.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS, DINING ROOM AND KITCHEN. 3 ENTRANCES AND 2 EXITS. RESTRICTIONS;
AB SERVED ONLY AT DINING TABLES. NO ADVERTISING THAT IS VISIBLE FROM
OUTSIDE THE RESTAURANT

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800011

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Frigo Food Products Sales, Inc

DOING BUSINESS A Frigo's Gourmet Foods

ADDRESS 157 SHAKER RD.

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: Frigo, Joseph

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS. 1ST FLR; KITCHEN AND TWO DINING ROOMS. REST ROOM FACILITIES; NO CELLAR, FRONT EXIT, SIDE ENTRANCE AND EXIT. 2ND FL FUNCTION ROOM. RESTRICTIONS; AB TO BE CONSUMED BY PATRONS ONLY AT DINING TABLES. NO ADVERTISING VISIBLE FROM OUTSIDE THE RESTAURANT

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800012

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ELMCREST INC.

DOING BUSINESS AS

ADDRESS 105 SOMERSVILLE RD.

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: HABERERN,JOHN TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
E.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOWER LEVEL; NINETEENTH HOLE LOUNGE, FOUR EXITS, CARD ROOM. UPPER LEVEL;
MAIN DINING HALL, LOUNGE, DINING HALL AND PORCH

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800013

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ITAL.AMER.WAR VETS.U.S.SISTO LOMBARDI POST#64

DOING BUSINESS A

ADDRESS 213 VINELAND AVE.

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: LUCEY, DENIS TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH SPLIT BASEMENT; FIRST STORY; 2 1/2 ROOMS AND L SHAPED HALL, 2 MENS AND 2 LADIES ROOMS. SPLIT BASEMENT; HALF STORAGE AND HALF FOR RECREATION

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800014

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YTC INC.

DOING BUSINESS AS TAO'S ASIAN CUISINE

ADDRESS 31 HARKNESS AVENUE

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: TAO, ANGIE H. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG CONSISTING OF DINING ROOM, RECEPTION AREA, 2 REST ROOMS,
KITCHEN WITH EXIT. ENTRANCE ON SOUTH SIDE OF BLDG

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800016

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JANLEECO, LTD.

DOING BUSINESS AS Lighthouse Liquors

ADDRESS 199 NORTH MAIN ST

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: COLLINS, JANET L. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MONITOR BLDG WITH CELLAR FOR STORAGE. TWO LAVATORIES ONE OFFICE

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800017

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KINNE & SONS, INC

DOING BUSINESS AS CITY LINE PACKAGE STORE

ADDRESS 650 NORTH MAIN ST

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: KINNE, CORBIN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

L SHAPED MONITOR BLDG OF APPROX 2500 SQ FT; SALES AREA AND STORAGE AREA

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800018

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TUDOR HOUSE DISCOUNT LIQUORS, INC.

DOING BUSINESS AS

ADDRESS 161 SHAKER RD

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: CHAMPAGNE, HENRY E. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CINDER BLOCK BLDG; ONE FLOOR NO BASEMENT; ONE SHOW ROOM AND ONE STORAGE ROOM; TWO BATHS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800024

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COAST TO COAST RESTAURANT, INC.

DOING BUSINESS AS VILLA NAPOLETANA

ADDRESS 666 NORTH MAIN ST

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: DIGIOVANNI, NICHOLAS TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1764 S.F. OF RETAIL SP 1 BATHRM 1 ENTRANCE IN FRONT & 1 TO REAR. VACANT RETAIL SPACE TOTAL S.F. 3528

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800026

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 WEST, INC.

DOING BUSINESS AS 99 RESTAURANT

ADDRESS 390 NORTH MAIN STREET

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: BERGERON, COREY TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR STRUCTURE WITH THREE ROOMS, 1 BATHROOM, ROOM FOR STORAGE AND ENCLOSED PATIO

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800027

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAY SHREE GANESH, INC.

DOING BUSINESS AS COUNTRYSIDE STORE

ADDRESS 334 SOMERS ROAD

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: PATEL, RAMESHB TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular
HAI

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

first floor, 2000 sq ft retail space, 50 sf for storage. Basement 430 sf of a 2000 sf basement

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800029

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VILLA CALABRESE, INC.

DOING BUSINESS AS FAZIO'S RISTORANTE & PIZZERIA

ADDRESS 162 SHAKER RD

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: FAZIO, ALDO R. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING ONE STORY BLDG OF APPROX 2500 SF; NO BASEMENT, TAKE OUT WAITING AREA, PIZZA KITCHEN, RESTAURANT KITCHEN, ONE DINING ROOM AND RESTROOMS, FOUR ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800030

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DENARDO'S PIZZERIA & RESTAURANT, INC

DOING BUSINESS AS

ADDRESS 39 MAPLE ST

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: DENARDO,
ANDREA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO ROOMS, KITCHEN AND DINING AREA, SMALL BAR AREA.
RESTAURANT APPROX 2100 SQ FT AND KITCHEN AREA APPROX 518 SF. ENTRANCE AND
EXIT IN FRONT OF RESTAURANT AND ONE ADDITIONAL EXIT AT BACK OF THE
RESTAURANT. TO INCLUDE AN ADDITIONAL OUTSIDE AREA FOR DINING 55' X 17'7"=
967 AQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800032

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PATSY'S PIZZA AND RESTAURANT, INC.

DOING BUSINESS AS

ADDRESS 600 NORTH MAIN STREET

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: LIQUORI, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
PASQUALE

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, TWO FRONT EXITS AND ONE REAR EXIT. ONE FRONT EXIT LEADS TO A SMALL OUTDOOR SEATING AREA. ALL KITCHEN AND FOOD PREPARATION AREAS ARE ON THE FIRST FLOOR. THE BASEMENT CONTAINS STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800033

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YUMMYDOUGH, Inc

DOING BUSINESS AS FUSION CAFE

ADDRESS 53 NORTH MAIN STREET

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: Chang, Mike

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800035

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Jaan Corporation

DOING BUSINESS AS Café Lebanon

ADDRESS 00060S HAKER ROAD

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: Kashouh, Nadim TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 3,097 SQ.FT.DESIGNATED AS STORE 5A & MPORTION OF STORE 4 AS SET FORTH
IN A HIGHLIGHTED SECTION OF A PLAN TO BE ATTACHED TO & MADE PART OF THE
LICENCE;2 EMERGENCY ENTRANCES/EXITS ON THE SOUTHERLY SIDE OF THE BLDG.;3
EXITS ON THE EASTERKY SIDE(REAR)THE BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800037

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RICHARD A. LAROCHE

DOING BUSINESS AS DICK'S CONVENIENCE

ADDRESS 173 SHAKER RD

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: LAROCHE,
RICHARD A.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 5000 SQ FT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800038

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROMITO & SONS INC.

DOING BUSINESS AS

ADDRESS 21 NORTH MAIN STREET

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: CAREY, SEAN P. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800039

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FUN DINING, INC.

DOING BUSINESS AS SPOLETO RESTAURANT

ADDRESS 84 CENTER STREET

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: COLLINS,
WILLIAM
MORGAN II

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4,400 SQ. FT., REST. LOCATED AT EAST LONGMEADOW CENTER VILLAGE; TO INCLUDE
OUTSIDE PATIO 17FT X 40FT. TO EQUAL 680 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800041

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HUANG GARDEN, INC.

DOING BUSINESS AS ICHIBAN RESTAURANT

ADDRESS 422 NORTH MAIN STREET

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: HUANG, HONG
MEI

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BUILDING OF APPROX. 2,185 SQ. FT. WITH REST ROOMS; KITCHEN AREA
WITH EXIT APPROX. 931 SQ. FT. ENTRANCE TO PREMISES IN NORTHEAST SIDE OF
BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800042

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PRIDE CONVENIENCE INC

DOING BUSINESS AS PRIDE MARKET

ADDRESS 13 NORTH MAIN ST

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: BAIN,
BERNADETTE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1440 SF OF SPACE LOCATED AT 13 NORTH MAIN, ONE LEVEL WITH NO BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800043

CITY OR TOWN EAST LONGMEADOW

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE BEER SHOP LTD

DOING BUSINESS A

ADDRESS 33 HARKNESS AVENUE

CITY/TOWN: EAST LONGMEADOW STATE: MA ZIP CODE: 01028

MANAGER: CAUDILL, RICHARD D. TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES IS APPROX. 1,000 SQ.FT. RETAIL SPACE ALL ON LEVEL. FRONT ENTRANCE AND REAR EXIT. THERE IS NO BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)